



U.S. DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS

SUBGRANT AWARD and PERFORMANCE REPORT

STOP VIOLENCE AGAINST WOMEN FORMULA GRANT PROGRAM

1. Reporting Information:

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A. Date of Report: \_\_\_\_/\_\_\_\_/\_\_\_\_

B. Type of Report: (Please check all that apply.)

☐ Report of new subgrant award -- **Complete Part 1.**

☒ Report of continuation subgrant award -- **Complete Part 1.**

☐ Performance report for an ongoing or completed project – **Provide identifying information in Part 1 (questions 2, 3, and 5) and complete Part 2 as appropriate.**

C. Original State Subgrant Number Assigned to New Award:

**PART 1: AWARD INFORMATION to be reported on new and continuation awards, and for identifying projects when reporting performance information.**

2. State Information:

A. State: **Virginia**

B. State Agency: **Department of Criminal Justice Services**

C. Federal Grant Number: **2002-WF-BX-0111**

3. Subgrantee Information:

A. Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Agency Administrator: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

C. Subgrant Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

4. Type of Subgrantee Agency: (Please check **only one**.)

A. Criminal Justice System Agencies:

- ☐ Law Enforcement  
☐ Prosecution  
☐ Courts  
☐ Probation, Parole, or other Correctional Agency

☐ Also check here **if** Victim Service Unit/Office within the criminal justice agency is the funding recipient

B. Other Types of Agencies:

- ☐ Nonprofit, Nongovernmental Victim Services  
☐ Government Victim Services  
☐ State Administrative Agency  
☐ Tribal Government  
☐ Professional Association  
☐ Multi-Agency Team or Consortium: Please indicate the types of

agencies involved in the team/consortium:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
☐ Other: \_\_\_\_\_

5. Information on Subgrant Award:

A. Subgrant Project Title: \_\_\_\_\_

B. Current Project Period: Effective Date 01 / 01 / 03 End Date 12 / 31 / 03

C. Please provide a very brief (one or two sentences) description of this project=s purposes or goals and activities, to appear on the Office of Justice Program=s web site:

\_\_\_\_\_  
\_\_\_\_\_

6. Subgrant Project Funding:

A. From which Federal Fiscal Year(s) funds was this award made? (Please check all that apply.)

☐ 2001 ☒ 2002 ☐ 2003 ☐ 2004 ☐ 2005

B. Current state subgrant number: \_\_\_\_\_

C. Current STOP amount: \$ \_\_\_\_\_

Amount from each category: Law enforcement: \$ \_\_\_\_\_ Victim Services: \$ \_\_\_\_\_  
Prosecution: \$ \_\_\_\_\_ Discretionary: \$ \_\_\_\_\_

D. Current total of **matching cash** funds, if any: \$ \_\_\_\_\_

Current total of **matching in-kind** funds, if any: \$ \_\_\_\_\_

E. Please report all supplemental funding for **this project** (besides the STOP funds and the matching funds) which you have not reported previously. A *project* is the specific goals and activities to be accomplished with STOP funding, as discussed in detail on the first page of the Instructions. When you are reporting funds which will support the project for multiple years, or for time periods beyond this reporting period, you may either report the entire amount of the supplemental funds or prorate them to fit this reporting period, as you choose. Because time periods will vary across supplemental funding sources and across subgrant projects, we **must** know what time period is covered by each Supplemental funding amount reported. For each supplemental funding source listed below, please provide **both the amount and the time period** of other, non-STOP funding which supports this project.

	Funding Amount	Effective Date	End Date
<b>Federal funds:</b>			
Other VAWA funds, such as rural or arrest policies:\$	_____	____/____/____	____/____/____
VOCA funds:	\$ _____	____/____/____	____/____/____
FVPSA funds:	\$ _____	____/____/____	____/____/____
Other Dept. of Justice funds, such as Byrne, COPS, etc.:	\$ _____	____/____/____	____/____/____

PHHSBG sexual assault funds:	\$ _____	_____/_____/____	_____/_____/____
Other federal funds:	\$ _____	_____/_____/____	_____/_____/____
<b>Non-federal funds:</b>			
State funds:	\$ _____	_____/_____/____	_____/_____/____
Local government funds:	\$ _____	_____/_____/____	_____/_____/____
Private funds:	\$ _____	_____/_____/____	_____/_____/____
Other funds:	\$ _____	_____/_____/____	_____/_____/____

  

7. Project=s Purpose Area(s): (Please check all that apply. **If** the project has multiple purpose areas, please indicate the approximate percent of effort committed to each purpose area checked.)

<input type="checkbox"/> Training: _____ %	<input type="checkbox"/> Victim services: _____ %
<input type="checkbox"/> Special unit: _____ %	<input type="checkbox"/> Stalking: _____ %
<input type="checkbox"/> Policies, protocols, orders and services: _____ %	<input type="checkbox"/> Indian populations: _____ %
<input type="checkbox"/> Data/communications systems: _____ %	<input type="checkbox"/> Other: _____ %

  

8. Type of Crime the Project Focuses On: (Please check all that apply. **If** the project has multiple focuses, please indicate the approximate percent of effort committed to each type of crime checked.)

<input type="checkbox"/> Domestic Violence: _____ %	<input type="checkbox"/> Stalking : _____ %	<input type="checkbox"/> Sexual Assault: _____ %
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9. Who is **directly** attending, using, or receiving project services or activities? (Please check all that apply.)

☐ Law Enforcement

☐ Prosecution

☐ Court Personnel (judges, magistrates, clerks, etc.)

☐ Probation, Parole, and other Corrections

☐ Victims

☐ Offenders (e.g., batterer intervention programs)

☐ Children or Youth (e.g., children of battered women residing in a shelter)

☐ The General Public (e.g., public education or awareness designed to enhance services to women)

☐ Private Non-Profit Victim Service Providers

☐ Public Sector Victim Service Providers

☐ Health Care Providers

☐ Other Service Providers (e.g., mental health, housing, social service providers, child protection, etc.)

☐ Other:

  

10. Type of Service or Activity Provided by the Project: (Please check all that apply.)

A. Victim Services:

☐ Direct services for victims designed to meet personal needs through counseling, therapy, safety planning, shelter, education/awareness, etc.

☐ Individual case advocacy for specific victims focused on helping them through the criminal and civil justice systems or other systems such as financial aid, housing, employment, health care, etc.

☐ Systems change advocacy (not related to individual victims) focused on promoting changes in justice and other systems to benefit all victims in general

☐ Other:

B. Expanding Agency Capacity:

☐ Increase staffing

☐ Purchase equipment or supplies

☐ Develop resource materials (e.g., notice of victims= rights or services, officers= or prosecutors= handbook, benchbook, materials translated into another language, etc.)

☐ Offer new services or improve existing services

☐ Enhance staff skills

☐ Other:

C. Enhancing Systemwide Capacity in the Community or State:

- ☐ Needs or resource assessment/planning
- ☐ Provide technical assistance to other agencies
- ☐ Enhance coordination/communication on a larger community or system-wide basis **within disciplines** (e.g., a project to establish a state-wide coalition of sexual assault victim service providers.)
- ☐ Enhance coordination/communication on a larger community or system-wide basis **across disciplines** (e.g., a project to support a multidisciplinary coordinated community response in a city or county.)
- ☐ Evaluate STOP subgrant activities

☐ Other:

11. Scope of Project: (Please check **only one**.)

☐ State-wide or Territory-wide   ☐ Regional   ☐ County   ☐ Local (city or town)   ☐ Indian Tribe

☐ Other:

If A state-wide or territory-wide is checked above, proceed to the next question. Otherwise, please provide the name or a description of the Geographic area(s) to be served:

12. Please indicate which populations are considered underserved in the city, county, region, tribal area, or other area to be served **by this project**:  
(Please check all that apply.)

☐ There are no underserved populations in this geographic area. (If this is checked, you may skip to number 15.)

A. Geographic Location:

- ☐ Rural area
- ☐ Tribal area
- ☐ Underserved urban area

☐ Other: \_\_\_\_\_

C. Non-English Speaking:

- ☐ Spanish-speaking
- ☐ Speakers of an Asian language

☐ Other non-English language: \_\_\_\_\_

B. Racial/Ethnic Population:

- ☐ African-American
- ☐ Asian-American
- ☐ Pacific Islander
- ☐ Hispanic
- ☐ Native American

☐ Other: \_\_\_\_\_

D. Special Needs:

- ☐ Mentally/emotionally challenged women
- ☐ Physically/medically challenged women
- ☐ Older women
- ☐ Migrant farm workers
- ☐ Lesbians
- ☐ Immigrants
- ☐ Women at risk (e.g., incarcerated, prostitutes, substance abusers, etc.)

☐ Other: \_\_\_\_\_

13. Will this project **emphasize** -- *make specific efforts to reach or serve* -- an underserved population?

☐ NO (If this is checked, you may skip to number 15.)

☐ YES - the project will emphasize the following underserved population classifications: (Please check all that apply.)

A. Geographic Location:

- ☐ Rural area
- ☐ Tribal area
- ☐ Underserved urban area

☐ Other: \_\_\_\_\_

C. Non-English Speaking:

- ☐ Spanish-speaking
- ☐ Speakers of an Asian language

☐ Other non-English language: \_\_\_\_\_

B. Racial/Ethnic Population:

- ☐ African-American
- ☐ Asian-American
- ☐ Pacific Islander
- ☐ Hispanic
- ☐ Native American

D. Special Needs:

- ☐ Mentally/emotionally challenged women
- ☐ Physically/medically challenged women
- ☐ Older women
- ☐ Migrant farm workers
- ☐ Lesbians
- ☐ Immigrants

☐ Other: \_\_\_\_\_

☐ Women at risk (e.g., incarcerated, prostitutes, substance abusers, etc.)

☐ Other: \_\_\_\_\_

14. Which of the following methods will be used to reach or serve underserved populations? (Please check all that apply.)

☐ Members of the population will be hired or used as staff or volunteers

☐ Staff or volunteers who speak the population=s language will be hired or used

☐ Materials in the appropriate language (including Braille and TTY services) will be provided to members of the population

☐ Special outreach efforts will be made to reach members of the population, such as opening satellite offices

☐ Staff or volunteers will receive training to increase cultural competence, such as training in norms and values of the relevant population

☐ Special services tailored to their unique needs and appropriate to their culture will be provided to members of the population

☐ The subgrantee agency or its affiliates will build partnerships with other agencies that serve or represent the population

☐ The subgrantee agency or its affiliate is an agency that serves or represents the population

☐ Other: \_\_\_\_\_

15. Full Faith and Credit Issues:

Does this project address **intrastate** enforcement of protection orders – enforcement across the localities or tribes within a state? ☐ Yes ☐ No

Does this project address **interstate** enforcement of protection orders – enforcement across the localities or tribes of different states? ☐ Yes ☐ No

16. Project Evaluation

A. Who is evaluating the effectiveness of the project: (Please check all that apply.)

☐ State agency awarding subgrant

☐ Subgrantee agency personnel

☐ Independent evaluators

B. How is the effectiveness of the project being evaluated: (Please check all that apply.)

☐ Review of subgrantee reports, phone contacts, and/or site visits for monitoring purposes

☐ Collection and analysis of statistical systems data (e.g., arrest reports)

☐ Obtaining feedback on immediate impact before participants, attendees, users, or recipients leave the site of the service, training, etc.

☐ Obtaining feedback on longer-term impact on victims.

☐ Obtaining feedback on longer-term impact on professionals, agencies, coordination among agencies, etc.

☐ Other:

**PART 2: PERFORMANCE INFORMATION**

**Grant no.** \_\_\_\_\_

**Program Name (or agency)** \_\_\_\_\_

Reporting Period: ☐ Jan. 1 – Mar. 31 ☐ Oct. 1 – Dec. 31  
☐ Apr. 1 – Jun. 30 ☐ Final  
☐ Jul. 1 – Sept. 30 ☐ 2002 ☒ 2003 ☐ 2004

Person completing report \_\_\_\_\_ Phone no. \_\_\_\_\_

**17. Characteristics of Victims Receiving Direct Services. Subgrant projects that did NOT provide direct services to victims may skip to number 18.**

A. Total number of victims (primary and secondary) served by this project during the reporting period (counting each victim only once): \_\_\_\_\_

B. Report by type of victimization the total number of victims served in this reporting period. If a victim suffered multiple types of victimization, please include him/her under each appropriate category. This means the total number of victims reported here may sum to more than the total number reported in A.

\_\_\_\_\_ Primary victims \_\_\_\_\_ Secondary victims \_\_\_\_\_ Type of victimization unknown

C. Report by gender the total number of victims served in this reporting period (which must sum to the total given in A):

\_\_\_\_\_ Female victims \_\_\_\_\_ Male victims \_\_\_\_\_ Victims of unknown gender

D. Report by age grouping the total number of victims served in this reporting period (which must sum to the total given in A):

\_\_\_\_\_ 12 or under \_\_\_\_\_ 26-40 \_\_\_\_\_ Victims of unknown age grouping  
 \_\_\_\_\_ 13-17 \_\_\_\_\_ 41-60  
 \_\_\_\_\_ 18-25 \_\_\_\_\_ 61+

E. Please report the total number of victims served in this reporting period by type of crime. If a victim suffered multiple types of crime, please include her/him under each appropriate category. This means the total number of victims reported here may sum to more than the total number reported in A.

\_\_\_\_\_ Sexual assault \_\_\_\_\_ Domestic violence \_\_\_\_\_ Stalking \_\_\_\_\_ Type of crime unknown

F. If you served victims of sexual assault, please report the total number of sexual assault victims by type of sexual assault. If a victim suffered multiple types of sexual assault, please include her under each appropriate category. This means the total number of victims reported here may sum to more than the total number reported under sexual assault in F.

\_\_\_\_\_ Adults sexually assaulted as children \_\_\_\_\_ Type of sexual assault unknown  
 \_\_\_\_\_ Victims of sexual assaults suffered as adults or adolescents

G. Please report the total number of victims served in this reporting period by victim/offender relationship. If a victim was victimized by perpetrators in multiple categories, please include her/him under each category. This means the total number of victims reported here may sum to more than the total number reported in A.

\_\_\_\_\_ Victims related to offenders (by blood, marriage, or former marriage)  
 \_\_\_\_\_ Victims currently or formerly in other intimate relationships with offenders (boyfriend/girlfriend, living or lived together, have a child in common, etc.)  
 \_\_\_\_\_ Victims acquainted with offenders (friends, neighbors, coworkers, schoolmates, roommates, etc.)  
 \_\_\_\_\_ Victims unknown to offenders (strangers)  
 \_\_\_\_\_ Type of relationship unknown

H. How many victims representing underserved populations were served in this reporting period? AUnderserved populations≡ are defined by geographic location, racial/ethnic group, foreign language, or other special needs. Please count victims who represent several underserved populations only once. This number must be less than or equal to the total number of victims reported in A.

\_\_\_\_\_ Number of victims representing underserved populations

I. Please report these victims by the underserved populations they represent. If a victim represents more than one category below, then count

her/him in each applicable category. This means the total number of victims reported below may not add up to the total number reported in H.

Geographic Location:	Racial/Ethnic Groups:	Non-English Speaking:	Other Special Needs:
<input type="checkbox"/> Rural	<input type="checkbox"/> African-American	<input type="checkbox"/> Spanish-speaking	<input type="checkbox"/> Mentally/emotionally challenged
<input type="checkbox"/> Tribal	<input type="checkbox"/> Asian-American	<input type="checkbox"/> Asian languages	<input type="checkbox"/> Physically/medically challenged
<input type="checkbox"/> Underserved urban	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other non-English language	<input type="checkbox"/> Older women
<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic		<input type="checkbox"/> Migrant farm workers
	<input type="checkbox"/> Native American		<input type="checkbox"/> Lesbians
	<input type="checkbox"/> Other		<input type="checkbox"/> Immigrants
			<input type="checkbox"/> Women at risk (e.g., incarcerated, prostitutes, substance abusers, etc.)
			<input type="checkbox"/> Other

**18. Performance of TRAINING Projects. Subgrants that did NOT support training may skip to number 19.**

A. Please indicate the profession(s) of personnel involved in developing or delivering the training: (Please check all that apply.)

<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Corrections (probation, parole, jails, prisons)	<input type="checkbox"/> Health care providers
<input type="checkbox"/> Prosecution	<input type="checkbox"/> Private, non-profit victim services	<input type="checkbox"/> Other service providers (e.g., mental health, housing, child protection, other social services, etc.)
<input type="checkbox"/> Courts	<input type="checkbox"/> Public sector victim services	

☐ Other: \_\_\_\_\_

B. Total number of personnel trained by this project during the reporting period: \_\_\_\_\_

C. Please indicate the profession(s) of personnel receiving the training: (Please check all that apply.)

<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Corrections (probation, parole, jails, prisons)	<input type="checkbox"/> Health care providers
<input type="checkbox"/> Prosecution	<input type="checkbox"/> Private, non-profit victim services	<input type="checkbox"/> Other service providers (e.g., mental health, housing, child protection, other social services, etc.)
<input type="checkbox"/> Courts	<input type="checkbox"/> Public sector victim services	<input type="checkbox"/> Unknown

☐ Other: \_\_\_\_\_

D. Number of training sessions or presentations conducted in this reporting period: \_\_\_\_\_

E. Other training activities performed: (Please check all that apply.)

<input type="checkbox"/> New training materials developed
<input type="checkbox"/> Previous training materials revised or expanded
<input type="checkbox"/> New training methods used (e.g., training broadcast by satellite)

☐ Other: \_\_\_\_\_

**19. Performance of SPECIAL UNIT Projects. Subgrants that did NOT support special units may skip to number 20.**

A. Were the STOP funds used to: (Please check all that apply.)

<input type="checkbox"/> Create a new unit
<input type="checkbox"/> Support or expand an existing unit
<input type="checkbox"/> Support specialized functions for one or more members of agencies too small to justify a special unit

<input type="checkbox"/> Other: _____
<b>B. Identify where the unit or function is administratively located: (Please check all that apply.)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Law enforcement  <input type="checkbox"/> Prosecution  <input type="checkbox"/> Courts         </div> <div style="width: 30%;"> <input type="checkbox"/> Corrections (probation, parole, jails, prisons)  <input type="checkbox"/> Private, non-profit victim services  <input type="checkbox"/> Public sector victim services         </div> <div style="width: 30%;"> <input type="checkbox"/> Health care providers  <input type="checkbox"/> Other service providers (e.g., mental health, housing, child protection, other social services, etc.)         </div> </div> <input type="checkbox"/> Other: _____
<b>C. Report how many personnel of each type staffed the special unit or function at the end of the reporting period, in full-time equivalents, regardless of funding source (STOP or another source):</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           _____ Law enforcement            _____ Prosecution            _____ Courts            _____ Other: _____         </div> <div style="width: 30%;">           _____ Corrections            _____ Private, non-profit victim services            _____ Public sector victim services         </div> <div style="width: 30%;">           _____ Health care providers            _____ Other service providers         </div> </div>
<b>D. Of these personnel, identify the number supported by STOP funds, in full-time equivalents:</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           _____ Law enforcement            _____ Prosecution            _____ Courts            _____ Other: _____         </div> <div style="width: 30%;">           _____ Corrections            _____ Private, non-profit victim services            _____ Public sector victim services         </div> <div style="width: 30%;">           _____ Health care providers            _____ Other service providers         </div> </div>
<b>20. Performance of POLICY Projects. Subgrants that did NOT address policy, procedure, protocol, administrative order, or service development may skip to number 21.</b>
<b>A. Policy development activities during the reporting period: (Please check all that apply.)</b> <input type="checkbox"/> A new policy, procedure, protocol, administrative order, or service was (is being) developed <input type="checkbox"/> A previous policy, procedure, protocol, administrative order, or service was (is being) revised or expanded <input type="checkbox"/> Other: _____
<b>B. Identify what types of agencies were involved in the development or revision of the policy, etc.: (Please check all that apply.)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Law enforcement  <input type="checkbox"/> Prosecution  <input type="checkbox"/> Courts         </div> <div style="width: 30%;"> <input type="checkbox"/> Corrections (probation, parole, jails, prisons)  <input type="checkbox"/> Private, non-profit victim services  <input type="checkbox"/> Public sector victim services         </div> <div style="width: 30%;"> <input type="checkbox"/> Health care providers  <input type="checkbox"/> Other service providers (e.g., mental health, housing, child protection, other social services, etc.)         </div> </div> <input type="checkbox"/> Other: _____
<b>C. How did the agencies who developed or revised the policy, etc. promote its adoption and implementation? (Please check all that apply.)</b> <input type="checkbox"/> Enlisted the support of top management for the policy, etc. development or revision effort <input type="checkbox"/> Formalized the policy in writing and obtained the official endorsement of the agency head <input type="checkbox"/> Worked with other community agencies in the policy development or revision effort <input type="checkbox"/> Provided or facilitated staff training on the policy, etc. <input type="checkbox"/> Publicized the policy, etc. by sending copies of it to other agencies <input type="checkbox"/> Effected changes in state, local, or tribal laws to support the policy  <input type="checkbox"/> Other: _____
<b>D. For law enforcement policies, procedures, protocols, administrative orders, or services, what subject area(s) do they address? (Please check all that apply.)</b> <input type="checkbox"/> Training standards and requirements, including roll-call, in-service, and academy training for officers and other personnel. <input type="checkbox"/> How to enforce applicable laws, including arrest authority and decision making skills on the scene (including determining the primary aggressor and avoiding dual arrest), removing weapons, enforcing orders of protection, and checking records for prior incidents and warrants. <input type="checkbox"/> Collection of evidence by photographing injuries, identifying and interviewing secondary witnesses such as neighbors, etc. <input type="checkbox"/> Procedures to promote officer safety. <input type="checkbox"/> How to serve victims and witnesses better, including notifying victims of their rights, available services, and progress on their case;



working with victim services personnel; and protecting children on the scene.

☐ What to do when an officer is involved in domestic violence, sexual assault, or stalking, including any special procedures such as calling a supervisor to the scene and follow-up contacts.

☐ Issues of cultural competence, such as norms and values of minority populations law enforcement serves and barriers to full service in traditional law enforcement responses.

☐ Other: \_\_\_\_\_

E. For **prosecution** policies, procedures, protocols, administrative orders, or services, what subject area(s) do they address? (Please check all that apply.)

☐ Aggressive prosecution, including how to prosecute cases vigorously, pro-prosecution policies, charging and plea bargaining practices, and prosecuting without the victim's testimony.

☐ How to structure prosecution offices and manage caseloads, including vertical prosecution, special domestic violence and/or sexual assault units, coordinated case management techniques, and case tracking systems.

☐ How special court structures work, such as family courts or specialized domestic violence courts.

☐ How to serve victims and witnesses better, including role of victim/witness staff.

☐ Issues of cultural competence, such as norms and values of minority populations prosecutors serve and barriers to full service in traditional prosecutorial responses.

☐ Other: \_\_\_\_\_

F. For **other agencies** policies, procedures, protocols, administrative orders, or services, please check the type of agency and briefly describe what subject area(s) they address: (Please check all that apply.)

☐ Courts: \_\_\_\_\_

☐ Corrections: \_\_\_\_\_

☐ Private victim services: \_\_\_\_\_

☐ Public victim services: \_\_\_\_\_

☐ Health care: \_\_\_\_\_

☐ Other social services: \_\_\_\_\_

☐ Other: \_\_\_\_\_

## 21. Performance of DATA COLLECTION/COMMUNICATIONS Projects. Subgrants that did NOT support data collection/communications may skip to number 22.

A. What type of data/communication system did the subgrant support during this reporting period? (Please check all that apply.)

☐ Sex offender registry

☐ Forms development or standardization

☐ Victim notification system

☐ Criminal history information

☐ Case tracking or record-keeping system

☐ 911 calls

☐ Protection/restraining order tracking system

☐ Hotline calls

☐ Other: \_\_\_\_\_

B. What types of agencies were involved in the development of the data/communication system? (Please check all that apply.)

☐ Law enforcement

☐ Corrections (probation, parole, jails, prisons)

☐ Health care providers

☐ Prosecution

☐ Private, non-profit victim services

☐ Other service providers (e.g., mental health, housing, child protection, other social services, etc.)

☐ Courts

☐ Public sector victim services

☐ Other: \_\_\_\_\_

C. What type of agency has primary responsibility for maintaining the data/communication system? (Please check **only one**.)

☐ Law enforcement

☐ Corrections (probation, parole, jails, prisons)

☐ Health care providers

☐ Prosecution

☐ Private, non-profit victim services

☐ Other service providers (e.g., mental health, housing, child protection, other social services, etc.)

☐ Courts

☐ Public sector victim services

☐ Other: \_\_\_\_\_

D. What other agencies use or access the system? (Please check all that apply.)

☐ Law enforcement

☐ Corrections (probation, parole, jails, prisons)

☐ Health care providers

☐ Prosecution

☐ Private, non-profit victim services

☐ Other service providers (e.g., mental health, housing, child protection, other social services, etc.)

☐ Courts

☐ Public sector victim services

☐ Not applicable -- only one agency uses the system

<input type="checkbox"/> Other: _____															
E. Where are the agencies that use the system? (Please check <b>only one</b> .) <input type="checkbox"/> All within the same city, county, community, or tribe <input type="checkbox"/> Spread across a larger region of the state <input type="checkbox"/> Spread across the entire state <input type="checkbox"/> Not applicable -- only one agency uses the system															
<b>22. Performance of VICTIM SERVICES Projects. Subgrants that did NOT support victim services may skip to number 23.</b>															
A. What type of victim service program did the project provide during this reporting period? (Please check all that apply.)  Direct services to victims: <table style="width: 100%; border: none;"><tr><td style="width: 33%;"><input type="checkbox"/> Crisis counseling</td><td style="width: 33%;"><input type="checkbox"/> Crisis hotline counseling</td><td style="width: 33%;"><input type="checkbox"/> Emergency legal advocacy</td></tr><tr><td><input type="checkbox"/> Follow-up contact</td><td><input type="checkbox"/> Shelter/safe house</td><td><input type="checkbox"/> Assistance in filing compensation claims</td></tr><tr><td><input type="checkbox"/> Therapy</td><td><input type="checkbox"/> Information and referral (in-person)</td><td><input type="checkbox"/> Personal advocacy</td></tr><tr><td><input type="checkbox"/> Group treatment/support</td><td><input type="checkbox"/> Criminal justice support/advocacy</td><td><input type="checkbox"/> Telephone contacts</td></tr><tr><td></td><td><input type="checkbox"/> Emergency financial assistance</td><td></td></tr></table> <input type="checkbox"/> Other: _____  Other victim services activities: <input type="checkbox"/> Systems change advocacy (not related to specific individual victims) <input type="checkbox"/> Community education <input type="checkbox"/> Planning, coordination, technical assistance, or training  <input type="checkbox"/> Other: _____	<input type="checkbox"/> Crisis counseling	<input type="checkbox"/> Crisis hotline counseling	<input type="checkbox"/> Emergency legal advocacy	<input type="checkbox"/> Follow-up contact	<input type="checkbox"/> Shelter/safe house	<input type="checkbox"/> Assistance in filing compensation claims	<input type="checkbox"/> Therapy	<input type="checkbox"/> Information and referral (in-person)	<input type="checkbox"/> Personal advocacy	<input type="checkbox"/> Group treatment/support	<input type="checkbox"/> Criminal justice support/advocacy	<input type="checkbox"/> Telephone contacts		<input type="checkbox"/> Emergency financial assistance	
<input type="checkbox"/> Crisis counseling	<input type="checkbox"/> Crisis hotline counseling	<input type="checkbox"/> Emergency legal advocacy													
<input type="checkbox"/> Follow-up contact	<input type="checkbox"/> Shelter/safe house	<input type="checkbox"/> Assistance in filing compensation claims													
<input type="checkbox"/> Therapy	<input type="checkbox"/> Information and referral (in-person)	<input type="checkbox"/> Personal advocacy													
<input type="checkbox"/> Group treatment/support	<input type="checkbox"/> Criminal justice support/advocacy	<input type="checkbox"/> Telephone contacts													
	<input type="checkbox"/> Emergency financial assistance														
B. If direct services were provided, did victims receive: (Please check all that apply.) <input type="checkbox"/> New types of services not previously available to them <input type="checkbox"/> Improved or enhanced versions of services already available <input type="checkbox"/> More of the same services already available															
C. If direct services were provided, what victims were served during the reporting period? (Please check all that apply.) <input type="checkbox"/> The same victims already receiving services <input type="checkbox"/> New victims who would not have been served without this project															
<b>23. Performance of STALKING Projects. Subgrants that did NOT support stalking projects may skip to number 24.</b>															
A. During the reporting period, did this project: (Please check all that apply.) <input type="checkbox"/> Provide direct services to the public <input type="checkbox"/> Provide training, policy development, or other professional support services  <input type="checkbox"/> Other: _____															
B. Did this project address: (Please check all that apply.) <input type="checkbox"/> Stalking related to domestic violence or sexual assault <input type="checkbox"/> Other stalking															
<b>24. Performance of INDIAN POPULATIONS Projects. Subgrants that did NOT address Indian populations may skip to number 25.</b>															
A. During the reporting period, did this project: (Please check all that apply.) <input type="checkbox"/> Provide direct services to Native Americans on reservations <input type="checkbox"/> Provide direct services to Native Americans outside reservations <input type="checkbox"/> Provide training, policy development, or other professional support services  <input type="checkbox"/> Other: _____															
<b>25. Impact Evaluation Data. All subgrants should please indicate whether information on program impact is available.</b>															

The performance information you just reported above provides important information on project outputs -- the number and types of personnel trained, policies developed, victims served, and so on. We are also interested in assessing the impact of subgrant projects -- how trained personnel handled cases differently after training, whether new policies or special units produced improved services to victims, how services provided improved victims' situations, and so on. In other words, what evidence is there that the ultimate goal or purpose of the project was or is being achieved? How were things before your STOP grant and how are they now? Answers to these questions might come from statistical data, such as changes in arrest or indictment rates after a new policy was implemented or training provided, or more qualitative data, such as victims' responses to a survey or interview on what they thought of the services they received.

Please indicate below whether you have such data already available. If you check Ayes, you may be contacted and asked to share this information for possible use in the Department of Justice's next annual report to Congress. You are not being asked to generate any additional information, just to identify and share what you already have.

☐ Yes, I have data from before the STOP project and also from after it began, which can be compared to document the impact of this project

☐ No, I do not have such data